

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000004655

1. Entity Name
DLAC/WRI, L.L.C.



FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90081 002 ****50.00

Principal Place of Business
1819 ALBERT STREET
JACKSONVILLE, FL 32202

Mailing Address
PO BOX 330569
JACKSONVILLE, FL 32233-0569



01152007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3591420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

8. Name and Address of Current Registered Agent

DALE, HOWARD L
200 WEST FORSYTH ST
SUITE 1100
JACKSONVILLE, FL 32202-4308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIXON, CARLTON
STREET ADDRESS	2050 FORBES STREET 2008 Riverside Ave
CITY-ST-ZIP	JACKSONVILLE, FL 32204 STE. 100
TITLE	MGR
NAME	JENKINS, STEVEN T
STREET ADDRESS	251 LEVY ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/07

Date

904 241-2200

Daytime Phone #